



CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department
JOSEPH A. CURTATONE
MAYOR

WILLIAM FOWLER
TREASURER & COLLECTOR

WARNING: TREASURY NEEDS FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: _____
2. Business Location: _____

AND/OR

3. Taxpayer's Home Address: _____
Phone: day: _____ evening: _____
4. Business Owner's Home Address: _____
Business Owner's Phone: day: _____ evening: _____
5. Business I.D. Number _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this ____ day of _____, 200__.

(Business/Real Estate Owner's signature)

Please Print Owner's Name

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _
# _____	# _____	# _____	# _____

CLERK'S INITIALS: _____

ORIGINAL STAMP: